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CONFIRMATION NO. 4500

SERIAL NUMBER 10/081,935	FILING OR 371(c) DATE 02/22/2002 RULE	CLASS 424	GROUP ART UNIT 1645	ATTORNEY DOCKET NO. 9237.28
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**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/271,031 02/22/2001

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
**\*\* 03/28/2002**

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no		
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		
Verified and Acknowledged	Examiner's Signature _____ Initials _____		
STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
TX	14	32	2

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**TITLE**

PEPTIDE AND DNA IMMUNIZATION AGAINST COCCIDIOIDES IMMITIS INFECTIONS

FILING FEE RECEIVED 588	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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